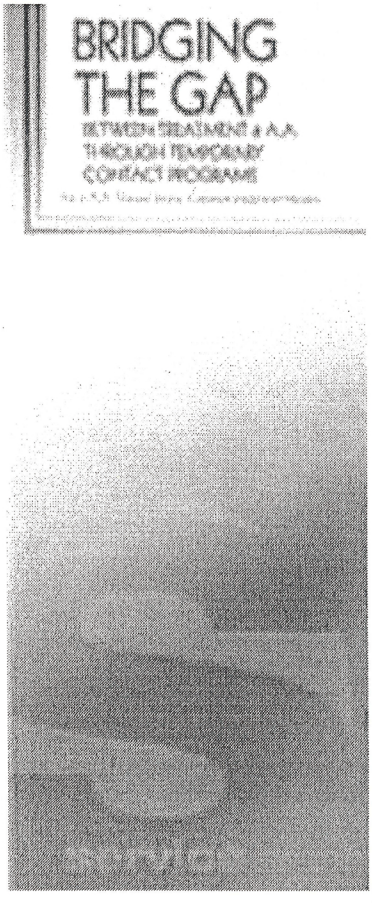
What is the "Gap" ?



Bridging the Gap

Part of Bridging the Gap between a treatment program and A.A. is the Temporary Contact Program, which is designed to help the alcoholic in an alcoholism treatment program make that transition.

As you know, one of the most "slippery" places in the journey to sobriety is between the door of the facility and the nearest A.A. group or meeting. Some of us can tell you that, even though we heard of A.A. in treatment, we were too fearful to go.

A.A. experience suggests that attending meetings regularly is critical. In order to bridge the gap, A.A. members have volunteered to be temporary contacts and introduce newcomers to Alcoholics Anonymous.

The video "Hope: Alcoholics Anonymous," shown to patients in treatment, emphasizes the importance of having a *temporary contact* as the essential link between treatment and recovery.

It is suggested that the temporary contact take the newcomer to a variety of A.A. meetings; introduce him or her to other A.A.s; insure that he or she has the phone numbers of several A.A. members, and share the experience of sponsorship and a home group.

Last July's Desert Lifeline included the Spring edition "Newsletter for Professionals" from AA Box 459 in New York entitled "About AA....A.A.'s Cooperation with Treatment Settings." The article made clear the affiliation that A.A. has historically had with hospitals and treatment settings to "help the alcoholic client get and stay sober." Bill W's return to the treatment facility (Towns Hospital) to work with others was an approach that Dr. Bob used in Akron with Sister Ignatia that allowed him the opportunity to work with over 5,000 alcoholics over the next 15 years as recounted in the preamble to "Dr. Bob's Nightmare." The current society we live in has an unprecedented acceptance of alcoholics and alcoholism that has made the advent of treatment facilities an acceptable portal for those with a problem with alcohol, and of course, other issues that are eligible for treatment that is covered by insurance policies. This approach has had an effect on what used to be the more frequent "12 Step Calls" to Alcoholics Anonymous that was a vehicle for many of long term Sobriety in their early days to "Give it Away to Keep It". The sometimes vocal disappointment of long-time members of our Fellowship over this lost opportunity to work with others, and the fact that the in-patients discharged from these modern treatment facilities that are necessarily "clinical models" to comply with insurance company guidelines, has created a very large "gap" between those seeking help and the help available in Alcoholics Anonymous.

The AAWS "Bridging the Gap" pamphlet, that was first published 25 years ago, is even more important to consider now, with the prevalence of treatment centers and the many "sober living houses" that have become so influential on people seeking treatment, as it was when the concept was first considered. Our local meetings here in the Coachella Valley have been influenced in many ways with the attendance at AA meetings by newcomers indoctrinated by the treatment centers and the clinical model they are shown while there. The clinical model has little, if any, acknowledgement of much of our historical meeting protocols. Whereas our protocol has been based on sharing experience, strength and hope with other alcoholics using *"what it used to be like, what happened and what it's like now* " as a way to share a message of recovery in a meeting. The clinical model, that is typically held in a group therapy setting during treatment, is a technique that is important from a therapeutic standpoint, but has a therapist as moderator to assist in possible solutions that may or may not have reference to the solution to our common alcoholic problem. The democratic way our Fellowship uses "Our leaders are but trusted servants, they do not govern" implicates an atmosphere of anything goes, and these outpatients know only what they were exposed to in treatment. More importantly, the clinical model does not consider "Singleness of Purpose" that keeps our Fellowship aligned with our Third Tradition, and therefore pure enough to have been sustained as it has for almost 80 years.

Given their lack of understanding and experience, how can these potential newcomers adapt to the life-saving Fellowship that we, with long-term Sobriety, have relied on for all these years? Without the surrender necessary to take the risk to ask for Sponsorship, they have no one-on-one example to introduce them to an easily misinterpreted society that closely resembles, in their minds, the clinical model they just experienced.

The concepts outlined in Bridging The Gap can provide those of us with long term Sobriety a solution to the lack of 12 Step calls that historically have been a call to action that has been reduced to the few willing newcomers who show up at our meetings without a treatment experience to prejudice their experience. Our local Central Office is in the process of generating a Committee to source individuals soon to be released from our many local facilities that would be able to be matched up with interested members of the Fellowship who wish to enhance the call to action at the top of page 20 or our Big Book "Our very lives, as ex-problem drinkers, depend upon our constant thought of others and how we may help meet their needs."

David M.
Office Manager
Central Intergroup Office of the Desert